

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035121

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 453

FILED SEP 27 1962

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Independence, MO</i>		c. CITY OR TOWN <i>Kansas City</i>	
Length of stay in 1b <i>1 mon.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewell Nurs. Home</i>		d. STREET ADDRESS (If outside, give location) <i>11915 E 44th Terr</i>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>JOSEPHINE</i> Middle <i>VITTORIA</i> Last <i>THOMAS</i>		4. DATE OF DEATH Month <i>9</i> Day <i>21</i> Year <i>1962</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-15-1889</i>
9. AGE (last birthday) <i>73</i>		IF UNDER 1 YEAR Months <i>73</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacking machine</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Ragusa Sicily</i>	
11. BIRTHPLACE (City and state or country) <i>USA</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>James Panettiere</i>		13b. MOTHER'S MAIDEN NAME <i>Concetta Tedona</i>	
14. NAME OF HUSBAND OR WIFE <i>Sam</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>[redacted]</i>		17. INFORMANT <i>Josephine Thomas</i> Address <i>11915 E 44th Terr</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>congestive heart failure</i> DUE TO (b) <i>hypertension</i> DUE TO (c) <i>[redacted]</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Partia house obstruction 2 weeks ago</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>[redacted]</i> a.m. <i>[redacted]</i> p.m. <i>[redacted]</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>[redacted]</i> COUNTY <i>[redacted]</i> STATE <i>[redacted]</i>	
21. I attended the deceased from <i>Aug 1st 1962</i> to <i>Sept 21 1962</i> and last saw her/him alive on <i>Sept 21, 1962</i> Death occurred at <i>440 P.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Ernest Spencer M.D.</i>	
22b. ADDRESS <i>227 E. Cherry St. Independence, MO</i>		22c. DATE SIGNED <i>9/21/62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-24-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Mary's Cem.</i>	23d. LOCATION (city, town, or county) <i>Kansas City, MO</i>
24. FUNERAL DIRECTOR <i>Conservatory Bros</i>	25. DATE RECD. BY LOCAL REG. <i>9-22-62</i>	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Sperry el 23434
227 E College

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L. Passantino

Licensed Embalmer No. 4554

P. O. Address KC MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above:

9-22-62